

"In the July, 1846, number of the *American Journal of Medical Sciences*, is an account of a somewhat similar change of colour observed in a native of Africa, by Thos. J. Savage, M. D. In that case the change had been preceded by serious indisposition. The health before and after that time was reported to have been good. The colour of the feet and ankles, in the plate furnished by Dr. Savage, gives a very good idea of the colour of the hands and forearms of the child above mentioned, but there was more delicacy of colour in the child; but at no time the same extent of surface undergoing change of colour; nor was there any desquamation of the cuticle. Unlike Dr. S.'s case, too, the parts exposed, and those covered are, at present at least, equally spotted."

*Case of Death by Syncope from Plugging the Pulmonary Artery.*—The following interesting example of this is recorded by Dr. O. M. ALLABEN, in the *Transactions of the Medical Society of the State of New York*, for 1857.

The patient, a male, 33 years of age, was attacked on the 4th of April, 1856, with inflammation of the lungs, for which, on the 8th, he was bled until complete syncope occurred, which took place much sooner than was anticipated, and before twelve ounces of blood were lost. Great relief followed the bleeding. He was directed a dose of calomel and jalap, to be followed by antimonial expectorants, and a blister to the chest. On the next day the urgency of the symptoms had considerably abated, but the patient still complained of some pain in the left breast, particularly over the region of the heart. The pulse was hard, strong and frequent. The patient was again bled with the same result as before, early fainting and abatement of symptoms. The other remedies continued.

The case progressed favourably until the 25th of April, when Dr. A. called to take leave of the patient. He found him free from symptoms of pulmonary disease, with a good appetite, and able to walk about the room. The pulse was, however, more active than the condition of the patient would seem to indicate. The patient complained 'of a sore spot at his heart.' From this, however, nothing serious was apprehended.

In the evening he proposed to join the family at tea. To Dr. A.'s objecting to his making so much exertion, he replied that he had dined with the family and would take tea with them. Accordingly, with the assistance of his wife he dressed himself, walked into the supper room and sat down at the table. Before commencing the meal he fainted. Dr. A. immediately inclined his chair backwards, elevating his feet above his head, and dashed cold water into his face. In about a minute afterwards he gasped for breath but exhibited no further sign of returning animation. A feeble pulsation was perceptible at the wrist. At intervals of about one minute each, the patient gave two successive gasps and expired. After the pulse had ceased at the wrist, and for some minutes subsequent to the last gasp, the action of the heart could be distinctly felt by the hand placed upon the chest. The body was examined forty-eight hours after death.

"Both lobes of the lungs presented a dark, uneven, mottled appearance, and had evidently been the seat of high inflammatory action. They had a spongy crepitous feel, and air bubbles escaped when portions were pressed between the thumb and finger, but no blood. The stomach, liver and intestines appeared healthy. The right side of the heart, including the vena cava, was found enormously distended with dark, grumous, coagulated blood. Upon breaking down the clot with the finger a reddish, organized, fleshy substance was detected, protruding into the coagulum from the mouth of the pulmonary artery, into which it had become firmly impacted, plugging it up like the cork of a bottle, and completely cutting off all communication between the heart and lungs. It was nearly as thick as the end of the little finger, and about an inch in length. The left cavities of the heart were of course found empty. The brain was not examined. The right ventricle of the heart had an unusually smooth and reddish appearance, and upon further examination there were found attached to its parietes, and filling up the sulci formed by the columni carnae, two other organized deposits, similar to that taken from the pulmonary artery. One about the size of a small bean, and the other as large as that plugging the artery. Both had

a ragged, irregular form, and were attached to the heart by a vascular union, which easily yielded to a moderate traction, by which they were removed. These formations were preserved in alcohol, and after ten months present nearly the same appearance as when they were removed.

"The cause was now apparent. The organized substance found in the pulmonary artery, had been formed in the ventricular cavity, like those there found attached. By the constant action of the heart it had become detached, and by the very next pulsation was carried into the pulmonary artery, thereby cutting off the supply of blood to the lungs, left side of the heart, and brain, and causing immediate death by syncope. Whether these extraneous formations were the result of previous disease, or were produced by the same cause that caused the pneumonia, can never be known; but that inflammatory action of the parietes of the right ventricle had existed, admits of very little doubt; and that it had resulted in depositions of fibrous or coagulable lymph, seems equally certain. These had become organized by the extension into their substance of the excited vessels of the living surface, and they had become morbid growths. The unusual activity of the circulatory system during the pulmonary disease here finds its prompter; and the 'sore spot at the heart' points to the same exciting cause; while the great susceptibility to syncope may have been owing to the morbid irritability of the walls of the ventricle, and a consequent increased disposition to respond to the loss of its accustomed stimulus. The severity of the pulmonary symptoms for a while diverted attention from the cardiac difficulty; although my fears were frequently excited and as often expressed, that the heart was participating in the abnormal changes that were taking place."

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*Delirium Tremens following an attack of Pneumonia.*—Dr. J. J. SUMMERVILLE reports (*Transactions of the Eighth Annual Meeting of the Medical Society of North Carolina*) the following case:—

"J. C., a dealer in tobacco, from Patrick County, Va., aged 35 years, was attacked by pneumonia, May 5, 1854. This case presents nothing interesting in itself; and, but for the disease which made its appearance at the decline of the inflammation of the lungs, would not be mentioned as deserving particular attention. The treatment was that which I usually adopt in plain, uncomplicated cases of pneumonia, viz., tartar emetic in doses barely tolerated by the stomach during the day, with calomel and Dover's powder at night, vs., cups, etc.

"On the sixth day there were all the indications of approaching convalescence. On the seventh I found him up, and he stated to me that he was quite well, but that some one had been all the morning trying to shoot him through the window. The people with whom he was living told me that he had been walking about the yard that morning, and had seemed much annoyed and disgusted by the many loathsome objects which he fancied he saw on every side; nor would he be persuaded that these objects existed merely in his imagination.

"Here was a plain case of delirium tremens, and of course I made inquiry as to his habits of life. To my great surprise, I found that he was strictly temperate, seldom tasting spirits, and had never in his life been intoxicated. The usual treatment was instituted—brandy and opiates—until sleep was obtained. He continued restless and excited, with occasional paroxysms of terror, for about three days, when sleep overpowered him, and he recovered by degrees his right mind. Nothing unusual happened during his convalescence. He was much prostrated at first, but soon regained health and strength."

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*Poisoning from an overdose of the Tincture of Cantharides.*—Dr. H. KELLY reports (*Transactions of the Eighth Meeting of the Medical Society of North Carolina*) the following case of this:—

"The subject was a mulatto child, two years and nine months old. Its mother, by direction of a physician, procured an ounce of tincture of cantharides for her own case. An elder brother of the subject, in the absence of the mother, got the phial, and persuaded the child to swallow a drachm—about two-thirds of the contents of the phial. In a short time the child became very sick and